## Office of Administration

Commissioner's Office

## REIMBURSEMENT REQUEST FOR OTHER SERVICES

Program: Alternatives	to Abortion		
	ce for Life		
Subcontractor:Life	eline Pregnancy Care Cer	iter	
Please enter below the item to be purchased, con purchased/provided to	information for each iter ost for the item, and the be reimbursed.	m/service to be purchased. justification. Items must be	List the date of purchase, approved before
Client Name		Date Enrolled03/22,	
Proposed Purchase Date	ltem	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
3/1/17	Car Repair	\$406.24	Car is broken down - unable to drive to go to doctor, case management or parenting class.  No other sources are available in our area.
Amt to be reimbursed		\$406.24	
Authorized person reques	ges from your total reimb sting purchase:L	for reimbursement: taxes, to payments, attorney fees, a bursement request prior to s ori Amato_	ind liquidated damages. Submission.
Purchase is Approved W	Denied A2A Signat	cure amily Kla	Date 2/28/17

Tim's Auto Service & Sales, Inc.

**ESTIMATE** #

Tim's Auto Service & Sales, Inc.

370 Hwy PP

Cuba, MO. 65453 Phone: 573-885-6736 Fax: 573-885-6937

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	Estim	ate	for	Serv	ices
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Estimate Date: 2/28/2017

Odom. In: 0

VIN#:

· · · · · · · · · · · · · · · · · · ·	Qty Sale Ext Labor Description Hour					Extended	
Part Description / Number	Qty	Sale					
BRAKE LINES & FITTINGS	1.00	33.69	33.69	REPLACE REAR BRAKE LINES & BLEED SYSTEM	4.00	220.00	
1				CK&REPLACE BATTERY	0.27	15.00	
Brake Fluid	1.00	7.48	7.48				
1							
BATTERY 1 YEAR	1.00	111.92	111,92				
1							
Shop Supplies			4.59				
And the state of t				}			

Labor: 235.00 Parts/Supplies: 157.68

Signature .

Tax: 13.56 HAZMAVFees: 0.00

Total: \$ 408.24

I hereby authorize the above repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the vehicle described for testing and/or inspection. Express mechanics lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. SMOG: I understand that I can have emission service and/or adjustments done elsewhere. I hereby waive this right. TEARDOWN ESTIMATE: I understand that my vehicle will be reassembled within \_\_\_\_\_days of the date shown above if I choose not to authorize the service recommended. All Parts removed will be discarded unless instructed otherwise: Save all Parts \_\_\_\_\_. NOT RESPONSIBLE FOR LOSS OR DAMAGE TO

CARS OR ARTICLES LEFT IN CARS IN CASE OF FIRE, THEFT OR ANY OTHER CAUSE. Date\_

\_Time\_